

**United States Bankruptcy Court  
District of Oregon**

**IN RE:**Case No. **14-32580-tmb13****Crawford, Debra A.**Chapter **13**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 492,862.56		
B - Personal Property	Yes	3	\$ 283,070.05		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	7		\$ 907,920.72	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 10,194.82	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	28		\$ 98,841.48	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	4			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 9,350.00
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 5,300.43
TOTAL		52	\$ 775,932.61	\$ 1,016,957.02	

**United States Bankruptcy Court  
District of Oregon**

**IN RE:**Case No. 14-32580-tmb13Crawford, Debra A.Chapter 13

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>10,194.82</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>10,194.82</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>9,350.00</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>5,300.43</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>4,517.13</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>273,394.13</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>10,194.82</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>98,841.48</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>372,235.61</b>

IN RE Crawford, Debra A.

Debtor(s)

Case No. 14-32580-tmb13

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
<b>Personal Residence 15901 SW Oriole Ct Sherwood, OR 97140</b>			<b>492,862.56</b>	<b>681,911.39</b>
<b>TOTAL</b>			<b>492,862.56</b>	

(Report also on Summary of Schedules)

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on Hand</b>		<b>13,500.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>US Bank Checking Account (9225)</b>		<b>3,004.05</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Household Goods, Furniture &amp; Computer Equipment</b>		<b>2,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, Pictures &amp; Home Decor</b>		<b>200.00</b>
6. Wearing apparel.		<b>Clothing &amp; Shoes</b>		<b>200.00</b>
7. Furs and jewelry.		<b>Jewelry</b>		<b>100.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>Exercise Equipment</b>		<b>100.00</b>
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>The Ultimate Tan &amp; Med Spa (100% ownership)</b>		<b>0.00</b>
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE **Crawford, Debra A.**Case No. **14-32580-tmb13**

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Possible Future EIC Tax Income</b>		<b>unknown</b>
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1973 Dodge Motorhome</b>		<b>2,000.00</b>
		<b>2005 Chevrolet Express Cargo Van</b>		<b>4,616.00</b>
		<b>2005 Forri Utility Trailer</b>		<b>1,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Business Office Equipment</b>		<b>4,200.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.		<b>All Business Tanning Equipment (subject to secured lien of IRS)</b>		<b>74,950.00</b>
30. Inventory.		<b>Business Inventory &amp; Supplies</b>		<b>15,000.00</b>

IN RE Crawford, Debra A.

Debtor(s)

Case No. 14-32580-tmb13

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.		(1) Dog (no cash value)		<b>0.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.		<b>All Laser Equipment Secured by Alma Lasers</b>		<b>73,000.00</b>
		<b>All Tanning Equipment Secured by Continental Bank (equipment located at various business locations: Sherwood, Newberg, McMinnville, Wilsonville, Hillsboro, and in storage)</b>		<b>79,700.00</b>
		<b>Miracle Sun Leonardo 360HP</b>		<b>9,500.00</b>
<b>TOTAL</b>				<b>283,070.05</b>

\_\_\_\_\_ 0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

IN RE **Crawford, Debra A.**Case No. **14-32580-tmb13**

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE A - REAL PROPERTY</u></b>			
<b>Personal Residence</b> <b>15901 SW Oriole Ct</b> <b>Sherwood, OR 97140</b>	<b>11 USC § 522(d)(1)</b>	<b>11,475.00</b>	<b>492,862.56</b>
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
<b>Cash on Hand</b>	<b>11 USC § 522(d)(5)</b>	<b>9,620.95</b>	<b>13,500.00</b>
<b>US Bank Checking Account (9225)</b>	<b>11 USC § 522(d)(5)</b>	<b>1,225.00</b>	<b>3,004.05</b>
	<b>11 USC § 522(d)(5)</b>	<b>1,779.05</b>	
<b>Household Goods, Furniture &amp; Computer Equipment</b>	<b>11 USC § 522(d)(3)</b>	<b>2,000.00</b>	<b>2,000.00</b>
<b>Books, Pictures &amp; Home Decor</b>	<b>11 USC § 522(d)(3)</b>	<b>200.00</b>	<b>200.00</b>
<b>Clothing &amp; Shoes</b>	<b>11 USC § 522(d)(3)</b>	<b>200.00</b>	<b>200.00</b>
<b>Jewelry</b>	<b>11 USC § 522(d)(4)</b>	<b>100.00</b>	<b>100.00</b>
<b>Exercise Equipment</b>	<b>11 USC § 522(d)(5)</b>	<b>100.00</b>	<b>100.00</b>
<b>2005 Chevrolet Express Cargo Van</b>	<b>11 USC § 522(d)(2)</b>	<b>3,675.00</b>	<b>4,616.00</b>
<b>All Business Tanning Equipment</b> <b>(subject to secured lien of IRS)</b>	<b>11 USC § 522(d)(6)</b>	<b>2,300.00</b>	<b>74,950.00</b>

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>unknown</b> <b>Alma Lasers</b> <b>Dr. Ziv Karni, president and CEO</b> <b>485 Half Day Road # 100</b> <b>Buffalo Grove, IL 60089</b>		<b>Security Agreement</b> <b>All laser equipment</b>				<b>24,000.00</b>	
		VALUE \$ <b>73,000.00</b>					
ACCOUNT NO. <b>66CV</b> <b>American Express Company</b> <b>C/O Kenneth I. Chenault, CEO</b> <b>200 Vesey Street</b> <b>New York, NY 10285</b>		<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>				<b>2,344.43</b>	<b>2,344.43</b>
		VALUE \$ <b>492,862.56</b>					
ACCOUNT NO. <b>Lindsay K. Wostmann</b> <b>Attorney At Law - Modern Law</b> <b>245 East 4th Ave</b> <b>Eugene, OR 97401</b>		<b>Assignee or other notification for:</b> <b>American Express Company</b>					
		VALUE \$					
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>American Express Company</b>					
		VALUE \$					
Subtotal (Total of this page)						\$ <b>26,344.43</b>	\$ <b>2,344.43</b>
Total (Use only on last page)						\$	\$

(Report also on  
Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)



IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>03SC</b> <b>Asset Systems, Inc.</b> <b>C/O Michael G. Schindler, RA</b> <b>4520 SE Belmont St, STE 280</b> <b>Portland, OR 97215</b>		<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>				<b>2,021.34</b>	<b>2,021.34</b>
		VALUE \$ <b>492,862.56</b>					
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Asset Systems, Inc.</b>					
		VALUE \$					
ACCOUNT NO. <b>SSN</b> <b>Attorney General of the United States</b> <b>C/O Eric Holder, Dept. Of Justice</b> <b>10th &amp; Constitution NW</b> <b>Washington, DC 20530</b>	<b>X</b>	<b>Federal Tax Liens</b>				<b>18,000.00</b>	
		VALUE \$ <b>775,932.61</b>					
ACCOUNT NO. <b>Internal Revenue Service</b> <b>Centralized Insolvency Operations</b> <b>POB 7346</b> <b>Philadelphia, PA 19101-7346</b>		<b>Assignee or other notification for:</b> <b>Attorney General of the United States</b>					
		VALUE \$					
ACCOUNT NO. <b>US Attorney For The District Of Oregon</b> <b>C/O Amanda Marshal, US Attorney</b> <b>1000 SW 3rd Ave., Ste 600</b> <b>Portland, OR 97204</b>		<b>Assignee or other notification for:</b> <b>Attorney General of the United States</b>					
		VALUE \$					
ACCOUNT NO. <b>26CV</b> <b>Citibank South Dakota</b> <b>C/O Donald R. Markham, RA</b> <b>403 Lincoln</b> <b>Moro, OR 97039</b>		<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>				<b>3,516.63</b>	<b>3,516.63</b>
		VALUE \$ <b>492,862.56</b>					
Subtotal (Total of this page)						\$ <b>23,537.97</b>	\$ <b>5,537.97</b>
Total (Use only on last page)						\$	\$

Sheet no. 1 of 6 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Suttell &amp; Hammer, PS</b> <b>POB C-90006</b> <b>Bellevue, WA 98009</b>		<b>Assignee or other notification for:</b> <b>Citibank South Dakota</b>					
		VALUE \$					
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Citibank South Dakota</b>					
		VALUE \$					
ACCOUNT NO. <b>8389</b> <b>CitiMortgage, Inc.</b> <b>C/O CT Corporation System, RA</b> <b>388 State Street, Suite 420</b> <b>Salem, OR 97301</b>		<b>Mortgage on Personal Residence</b> <b>15901 SW Oriole St.</b> <b>Sherwood, OR 97140</b> <b>(estimated arrears: \$7,500.00)</b>				<b>492,862.56</b>	
		VALUE \$ <b>492,862.56</b>					
ACCOUNT NO. <b>81SC</b> <b>Columbia Collection Service, Inc.</b> <b>C/O Randall Welch, RA</b> <b>12400 SE Freeman Way Suite 202</b> <b>Milwaukie, OR 97222</b>		<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>				<b>7,432.84</b>	<b>7,432.84</b>
		VALUE \$ <b>492,862.56</b>					
ACCOUNT NO. <b>David B. Schumacher</b> <b>Attorney At Law</b> <b>3439 NE Sandy Blvd., Suite 239</b> <b>Portland, OR 97232</b>		<b>Assignee or other notification for:</b> <b>Columbia Collection Service, Inc.</b>					
		VALUE \$					
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Columbia Collection Service, Inc.</b>					
		VALUE \$					
Sheet no. <u>2</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page)	\$ <b>500,295.40</b>
						Total (Use only on last page)	\$
							\$ <b>7,432.84</b>

(Report also on  
Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>7520</b> <b>Continental Bank</b> <b>C/O Michael Fosmark, President</b> <b>15 West South Temple, Ste 420</b> <b>Salt Lake City, UT 84101</b>	<b>X</b>	<b>Secured interest in various tanning equipment</b>  VALUE \$ <b>79,700.00</b>				<b>182,045.30</b>	<b>102,345.30</b>
ACCOUNT NO. <b>Summit Leasing, Inc.</b> <b>3901 Fairbanks Ave</b> <b>Yakima, WA 98902</b>		<b>Assignee or other notification for:</b> <b>Continental Bank</b>  VALUE \$					
ACCOUNT NO. <b>Summit Leasing, Inc.</b> <b>PO Box 7</b> <b>Yakima, WA 98907</b>		<b>Assignee or other notification for:</b> <b>Continental Bank</b>  VALUE \$					
ACCOUNT NO. <b>0246</b> <b>Metropolitan Agencies, Inc.</b> <b>C/O Kaye Fulmer, RA</b> <b>316 N. Johnson</b> <b>McMinnville, OR 97128</b>	<b>X</b>	<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>  VALUE \$ <b>492,862.56</b>				<b>2,523.00</b>	<b>2,523.00</b>
ACCOUNT NO. <b>Yamhill County Circuit Court</b> <b>535 E. 5th St.</b> <b>McMinnville, OR 97128</b>		<b>Assignee or other notification for:</b> <b>Metropolitan Agencies, Inc.</b>  VALUE \$					
ACCOUNT NO. <b>unknown</b> <b>Promenade Nevada, LLC</b> <b>C/O Anthony J. Motschenbacher, RA</b> <b>Motschenbacher Blattner LLP, 117 SW</b> <b>Taylor St.# 200 Portland, OR 97204</b>	<b>X</b>	<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>  VALUE \$ <b>492,862.56</b>				<b>149,375.98</b>	<b>149,375.98</b>
Sheet no. <u>3</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page)	<b>\$ 333,944.28</b>
						Total (Use only on last page)	<b>\$ 254,244.28</b>

(Report also on  
Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>Hillsboro Partners, LLC</b> <b>1980 Willamette Falls Drive, Ste 200</b> <b>West Linn, OR 97068</b>		<b>Assignee or other notification for:</b> <b>Promenade Nevada, LLC</b>					
		VALUE \$					
ACCOUNT NO. <b>Motschenbacher &amp; Blattner, LLP</b> <b>117 SW Taylor St., Ste 200</b> <b>Portland, OR 97204</b>		<b>Assignee or other notification for:</b> <b>Promenade Nevada, LLC</b>					
		VALUE \$					
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Promenade Nevada, LLC</b>					
		VALUE \$					
ACCOUNT NO. <b>4433</b> <b>Quick Collect Inc.</b> <b>C/O Ronald D. Thompson, RA</b> <b>POB 55457</b> <b>Portland, OR 97238</b>	<b>X</b>	<b>Judgment Against Personal Residence</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>				<b>3,834.61</b>	<b>3,834.61</b>
		VALUE \$ <b>492,862.56</b>					
ACCOUNT NO. <b>Clackamas County Circuit Court</b> <b>807 Main Street</b> <b>Oregon City, OR 97045</b>		<b>Assignee or other notification for:</b> <b>Quick Collect Inc.</b>					
		VALUE \$					
ACCOUNT NO. <b>Quick Collect Inc.</b> <b>POB 55457</b> <b>Portland, OR 97238</b>		<b>Assignee or other notification for:</b> <b>Quick Collect Inc.</b>					
		VALUE \$					
Subtotal (Total of this page)						\$ <b>3,834.61</b>	\$ <b>3,834.61</b>
Total (Use only on last page)						\$	\$

Sheet no. 4 of 6 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>9647</b> <b>The Tanning Bed Company</b> <b>C/O Pamela E. Yee, RA</b> <b>18525 SW Vincent</b> <b>Aloha, OR 97007</b>	<b>X</b>	<b>Secured interest in Miracle Sun</b> <b>Leonardo - 360HP</b>  VALUE \$ <b>9,500.00</b>				<b>7,083.00</b>	
ACCOUNT NO. <b>The Tanning Bed Company</b> <b>14915 SW 72nd Ave</b> <b>Tigard, OR 97224</b>		<b>Assignee or other notification for:</b> <b>The Tanning Bed Company</b>  VALUE \$					
ACCOUNT NO. <b>9871</b> <b>Washington County Tax &amp; Assessment</b> <b>C/O Richard Hobernicht, Director</b> <b>155 N 1st Ave Rm 130</b> <b>Hillsboro, OR 97124</b>	<b>X</b>	<b>Business Property Tax</b>  VALUE \$ <b>266,970.05</b>				<b>8,128.60</b>	
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Washington County Tax &amp; Assessment</b>  VALUE \$					
ACCOUNT NO. <b>4006</b> <b>Washington County Tax &amp; Assessment</b> <b>C/O Richard Hobernicht, Director</b> <b>155 N 1st Ave Rm 130</b> <b>Hillsboro, OR 97124</b>	<b>X</b>	<b>Business Property Tax</b>  VALUE \$ <b>266,970.05</b>				<b>4,033.54</b>	
ACCOUNT NO. <b>1540</b> <b>Washington County Tax &amp; Assessment</b> <b>C/O Richard Hobernicht, Director</b> <b>155 N 1st Ave Rm 130</b> <b>Hillsboro, OR 97124</b>	<b>X</b>	<b>Business Property Tax</b>  VALUE \$ <b>266,970.05</b>				<b>313.94</b>	
Sheet no. <u>5</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page)  Total (Use only on last page)	\$ <b>19,559.08</b> \$  \$ \$

(Report also on  
Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>2045</b> <b>Washington County Tax &amp; Assessment</b> <b>C/O Richard Hobernicht, Director</b> <b>155 N 1st Ave Rm 130</b> <b>Hillsboro, OR 97124</b>	<b>X</b>	<b>Business Property Tax</b>  VALUE \$ <b>266,970.05</b>				<b>404.95</b>	
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
Subtotal (Total of this page)						\$ <b>404.95</b>	\$
Total (Use only on last page)						\$ <b>907,920.72</b>	\$ <b>273,394.13</b>

Sheet no. 6 of 6 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)**

**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>SSN</b> <b>Internal Revenue Service</b> <b>Centralized Insolvency Operations</b> <b>POB 7346</b> <b>Philadelphia, PA 19101-7346</b>		<b>Federal taxes owed</b>			<b>200.00</b>	<b>200.00</b>	
ACCOUNT NO. <b>SSN</b> <b>ODR - Bkcy</b> <b>955 Center NE #353</b> <b>Salem, OR 97301-2555</b>		<b>State taxes owed</b>			<b>9,994.82</b>	<b>9,994.82</b>	
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal (Totals of this page)					\$ <b>10,194.82</b>	\$ <b>10,194.82</b>	\$
Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)					\$ <b>10,194.82</b>		
Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						\$ <b>10,194.82</b>	\$



IN RE **Crawford, Debra A.**Case No. **14-32580-tmb13**

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Aluli Real Estate Holdings, Llc</b> <b>C/O Commercial Realty Advisors Nw, Llc</b> <b>733 SW 2nd Ave, Ste 200</b> <b>Portland, OR 97204</b>	<b>X</b>	<b>Precautionary</b>				<b>0.00</b>
ACCOUNT NO. <b>Commerical Realty Advisors NW, LLC</b> <b>733 SW 2nd Ave., Ste 200</b> <b>Portland, OR 97204</b>		<b>Assignee or other notification for:</b> <b>Aluli Real Estate Holdings, Llc</b>				
ACCOUNT NO. <b>Barrows Crossing, LLC</b> <b>C/O Edward Fitch, RA</b> <b>210 SW 5th St., Ste 2</b> <b>Redmond, OR 97756</b>		<b>Assignee or other notification for:</b> <b>Aluli Real Estate Holdings, Llc</b>				
ACCOUNT NO. <b>4033</b> <b>AMO Recoveries</b> <b>POB 926100</b> <b>Norcross, GA 30010</b>		<b>Unpaid services</b>				<b>251.00</b>

27 continuation sheets attached

Subtotal  
(Total of this page) \$ **251.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7050</b> <b>AMO Recoveries</b> <b>POB 926100</b> <b>Norcross, GA 30010</b>		<b>Unpaid services</b>				<b>251.00</b>
ACCOUNT NO. <b>2921</b> <b>Anesthesia Associates NW, LLC</b> <b>POB 2817</b> <b>Portland, OR 97208</b>		<b>Medical debt</b>				<b>496.00</b>
ACCOUNT NO. <b>Asset Recovery Group, Inc.</b> <b>C/O Michael G. Schindler, RA</b> <b>4520 SE Belmont # 280</b> <b>Portland, OR 97214</b>		<b>Assignee or other notification for:</b> <b>Anesthesia Associates NW, LLC</b>				
ACCOUNT NO. <b>Bank Of America</b> <b>POB 982235</b> <b>El Paso, TX 79998-2235</b>		<b>Unpaid services</b>				<b>0.00</b>
ACCOUNT NO. <b>Bonneville Billing</b> <b>1186 E 4600 S., Suite 100</b> <b>Ogden, UT 84403</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>				
ACCOUNT NO. <b>0910</b> <b>Blair &amp; Vestigo</b> <b>Attorneys At Law</b> <b>1800 Blankenship Rd., #475</b> <b>West Linn, OR 97068</b>		<b>Attorney's fees</b>				<b>495.00</b>
ACCOUNT NO. <b>71SC</b> <b>Bonneville Billing &amp; Collections, Inc.</b> <b>C/O CT Corporation System, RA</b> <b>388 State St., Ste 420</b> <b>Salem, OR 97301</b>		<b>Washington County Circuit Court Small Claims,</b> <b>Case No. C125071SC</b>				<b>1,289.00</b>

Sheet no. 1 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,531.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Michael G. Borge</b> <b>207 E. 19th St</b> <b>Vancouver, WA 98663</b>		<b>Assignee or other notification for:</b> <b>Bonneville Billing &amp; Collections, Inc.</b>				
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Bonneville Billing &amp; Collections, Inc.</b>				
ACCOUNT NO. <b>Bonstan Construction Company</b> <b>PO Box 32</b> <b>Clackamas, OR 97015</b>	X	<b>Precautionary</b>				<b>unknown</b>
ACCOUNT NO. <b>4746</b> <b>Bullard Law</b> <b>Attorneys At Law</b> <b>1000 SW Broadway St, #1900</b> <b>Portland, OR 97205</b>	X	<b>Attorney's fees</b>				<b>0.00</b>
ACCOUNT NO. <b>0667</b> <b>Century Link</b> <b>PO Box 4300</b> <b>Carol Stream, IL 60197-4300</b>	X	<b>Unpaid services</b>				<b>457.60</b>
ACCOUNT NO. <b>Convergent Outsourcing</b> <b>800 SW 39th St.</b> <b>PO Box 9004</b> <b>Renton, WA 98057</b>		<b>Assignee or other notification for:</b> <b>Century Link</b>				
ACCOUNT NO. <b>1212</b> <b>Coastal Signs</b> <b>PO Box 1243</b> <b>Willamina, OR 97396</b>	X	<b>Business debt</b>				<b>479.00</b>

Sheet no. 2 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

\$ **936.60**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>812C</b> <b>Colusa Superior Court</b> <b>Court Executive Officer</b> <b>532 Oak Street</b> <b>Colusa, CA 95932</b>		<b>Court fines</b>				<b>655.00</b>
ACCOUNT NO. <b>Municipal Services Bureau</b> <b>PO Box 16755</b> <b>Austin, TX 78761-6755</b>		<b>Assignee or other notification for:</b> <b>Colusa Superior Court</b>				
ACCOUNT NO. <b>unknown</b> <b>Comcast Business Services</b> <b>7475 South Joliet St.</b> <b>Englewood, CO 80112</b>		<b>Unpaid services</b>				<b>292.00</b>
ACCOUNT NO. <b>Diversified Adjustment</b> <b>600 Coon Rapids Blvd.</b> <b>Coon Rapids, MN 55432</b>		<b>Assignee or other notification for:</b> <b>Comcast Business Services</b>				
ACCOUNT NO. <b>unknown</b> <b>Cornelius Retail Center, LLC</b> <b>PO Box 906</b> <b>Beaverton, OR 97075-0906</b>	<b>X</b>	<b>Business debt</b>				<b>0.00</b>
ACCOUNT NO. <b>Cornerstone Clinical Services, PC</b> <b>6400 SE Lake Rd., Ste 325</b> <b>Milwaukie, OR 97222</b>		<b>Medical debt</b>				<b>89.00</b>
ACCOUNT NO. <b>Crossroads Plaza Of Oregon, LLC</b> <b>PO Box 626</b> <b>Wilsonville, OR 97070</b>	<b>X</b>	<b>Business lease debt</b>				<b>3,274.54</b>

Sheet no. 3 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **4,310.54**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Department Of Human Services</b> <b>800 NE Oregon Street, Ste 640</b> <b>Portland, OR 97232</b>	<b>X</b>	<b>Business debt</b>				<b>1,600.00</b>
ACCOUNT NO. <b>1081</b> <b>Dr. HVAC</b> <b>1788 NE 18th St.</b> <b>McMinnville, OR 97128</b>	<b>X</b>	<b>Business debt</b>				<b>2,415.61</b>
ACCOUNT NO. <b>Metropolitan Agencies, Inc.</b> <b>C/O Kaye Fulmer, RA</b> <b>316 N. Johnson</b> <b>McMinnville, OR 97128</b>		<b>Assignee or other notification for:</b> <b>Dr. HVAC</b>				
ACCOUNT NO. <b>63CV</b> <b>Folawn Alterman &amp; Richardson, LLP</b> <b>C/O Karen Nashiwa</b> <b>805 SW Broadway, Ste 2750</b> <b>Portland, OR 97205</b>	<b>X</b>	<b>Judgment Awarded</b> <b>Washington County Circuit Court Case No.</b> <b>C13563CV</b>				<b>3,500.00</b>
ACCOUNT NO. <b>Folawn Alterman &amp; Richardson, LLP</b> <b>C/O Corey Tolliver</b> <b>805 SW Broadway, Ste 2750</b> <b>Portland, OR 97205</b>		<b>Assignee or other notification for:</b> <b>Folawn Alterman &amp; Richardson, LLP</b>				
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Folawn Alterman &amp; Richardson, LLP</b>				
ACCOUNT NO. <b>Karen Nashiwa</b> <b>12847 SW 61st Ave</b> <b>Portland, OR 97219</b>		<b>Assignee or other notification for:</b> <b>Folawn Alterman &amp; Richardson, LLP</b>				

Sheet no. 4 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **7,515.61**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Law Offices Of Matthew Kehoe, LLC</b> <b>Attorneys At Law</b> <b>330 NE Lincoln Street, Ste 200, POB 543</b> <b>Hillsboro, OR 97123</b>		<b>Assignee or other notification for:</b> <b>Folawn Alterman &amp; Richardson, LLP</b>				
ACCOUNT NO. <b>8640</b> <b>Fred Meyer Jewelers, Inc.</b> <b>C/O Corporation Service Co., RA</b> <b>285 Liberty St., NE</b> <b>Salem, OR 97301</b>		<b>Precautionary</b>				<b>0.00</b>
ACCOUNT NO. <b>CitiBank</b> <b>POB 6235</b> <b>Sioux Falls, SD 57117</b>		<b>Assignee or other notification for:</b> <b>Fred Meyer Jewelers, Inc.</b>				
ACCOUNT NO. <b>7915</b> <b>Frontier Communications</b> <b>POB 20550</b> <b>Rochester, NY 14602</b>	<b>X</b>	<b>Unpaid services</b>				<b>328.16</b>
ACCOUNT NO. <b>EOS, CCA</b> <b>700 Long Water Dr.</b> <b>Norwell, MA 02061</b>		<b>Assignee or other notification for:</b> <b>Frontier Communications</b>				
ACCOUNT NO. <b>Penn Credit</b> <b>POB 988</b> <b>Harrisburg, PA 17108</b>		<b>Assignee or other notification for:</b> <b>Frontier Communications</b>				
ACCOUNT NO. <b>6401</b> <b>Gastroenterology Specialists Of OR</b> <b>1508 Division Street, Ste 15</b> <b>Oregon City, OR 97045</b>		<b>Unpaid services</b>				<b>2,250.00</b>

Sheet no. 5 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,578.16**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Quick Collect Inc.</b> <b>POB 55457</b> <b>Portland, OR 97238</b>		<b>Assignee or other notification for:</b> <b>Gastroenterology Specialists Of OR</b>				
ACCOUNT NO. <b>unknown</b> <b>Gastroenterology Specialists Of OR</b> <b>1508 Division Street, Ste 15</b> <b>Oregon City, OR 97045</b>		<b>Medical debt</b>				<b>1,746.00</b>
ACCOUNT NO. <b>Quick Collect Inc.</b> <b>POB 55457</b> <b>Portland, OR 97238</b>		<b>Assignee or other notification for:</b> <b>Gastroenterology Specialists Of OR</b>				
ACCOUNT NO. <b>unknown</b> <b>Gay Canaday</b> <b>4040 Douglas Way</b> <b>Lake Oswego, OR 97035</b>		<b>Unpaid services</b>				<b>1,099.00</b>
ACCOUNT NO. <b>9410</b> <b>GE Capital</b> <b>POB 103104</b> <b>Roswell, GA 30076</b>	<b>X</b>	<b>Credit card</b>				<b>481.00</b>
ACCOUNT NO. <b>CAC Financial Corp</b> <b>2601 NW Expressway, Ste 1000 East</b> <b>Oklahoma City, OK 73112</b>		<b>Assignee or other notification for:</b> <b>GE Capital</b>				
ACCOUNT NO. <b>Lowe's</b> <b>POB 965006</b> <b>Orlando, FL 32896</b>		<b>Assignee or other notification for:</b> <b>GE Capital</b>				

Sheet no. 6 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,326.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Cavalry Portfolio Services</b> <b>500 Summit Lake Dr., Suite 4A</b> <b>Valhalla, NY 10595</b>		<b>Assignee or other notification for:</b> <b>GE Capital</b>				
ACCOUNT NO. <b>25CV</b> <b>Global Electric, Inc.</b> <b>C/O Justin Spiering, RA</b> <b>15354 NW Mead LN</b> <b>North Plains, OR 97133</b>	<b>X</b>	<b>Precautionary</b>				<b>0.00</b>
ACCOUNT NO. <b>Kit A. Jensen, Attorney At Law</b> <b>217 E. Main, PO Box 157</b> <b>Hillsboro, OR 97123</b>		<b>Assignee or other notification for:</b> <b>Global Electric, Inc.</b>				
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Global Electric, Inc.</b>				
ACCOUNT NO. <b>unknown</b> <b>Holly Birkett</b> <b>C/O Law Office Of Larry Linder</b> <b>2245 Commercial Street NE</b> <b>Salem, OR 97303</b>		<b>Precautionary</b>				<b>0.00</b>
ACCOUNT NO. <b>unknown</b> <b>Home Depot Credit Services</b> <b>POB 183175</b> <b>Columbus, OH 43218</b>		<b>Precautionary</b>				<b>unknown</b>
ACCOUNT NO. <b>CitiBank</b> <b>POB 6235</b> <b>Sioux Falls, SD 57117</b>		<b>Assignee or other notification for:</b> <b>Home Depot Credit Services</b>				

Sheet no. 7 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7574</b>  <b>HSBC</b> <b>POB 5259</b> <b>Carol Stream, IL 60197</b>		<b>Credit card</b>				<b>536.00</b>
ACCOUNT NO.  <b>Kramer &amp; Associates</b> <b>520 SW Sixth Avenue, Ste 1010</b> <b>Portland, OR 97204</b>		<b>Assignee or other notification for:</b> <b>HSBC</b>				
ACCOUNT NO. <b>1015</b>  <b>International Emiarmenta Management</b> <b>24516 Network Place</b> <b>Chicago, IL 60673</b>	<b>X</b>	<b>Business debt</b>				<b>298.00</b>
ACCOUNT NO. <b>7458</b>  <b>JK Capital, Inc.</b> <b>C/O Donald Feltam, President</b> <b>1 Walter Kratz Drive</b> <b>Jonesboro, AR 72401</b>	<b>X</b>	<b>Precautionary</b>				<b>unknown</b>
ACCOUNT NO. <b>0733</b>  <b>Kaiser Permanente</b> <b>500 NE Multnomah St., Suite 100</b> <b>Portland, OR 97232</b>		<b>Medical debt</b>				<b>58.00</b>
ACCOUNT NO. <b>38CV</b>  <b>Kroll Johnson Attorneys At Law</b> <b>C/O Mindy Cardinal</b> <b>6125 NE Cornell Rd., Ste 360</b> <b>Hillsboro, OR 97124</b>	<b>X</b>	<b>Business debt</b> <b>Washington County Circuit Court Case No.</b> <b>C140938CV</b>		<b>X</b>	<b>X</b>	<b>unknown</b>
ACCOUNT NO.  <b>Corbridge&amp; Kroll Attorneys, LLC</b> <b>19075 NW Tanasbourne Drive, Ste 100</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Kroll Johnson Attorneys At Law</b>				

Sheet no. 8 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **892.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>		<b>Assignee or other notification for: Kroll Johnson Attorneys At Law</b>				
ACCOUNT NO. <b>8134</b> <b>Legacy Health POB 2787 Portland, OR 97208-2787</b>		<b>Medical debt</b>				<b>314.00</b>
ACCOUNT NO. <b>Mary Yeaza / Bahovia Mama Tanning PO Box 1315 Merlin, OR 97532</b>	<b>X</b>	<b>Business debt</b>				<b>2,300.00</b>
ACCOUNT NO. <b>0791</b> <b>Metroplex Pathology Assoc PO Box 840294 San Antonio, TX 78284-0294</b>		<b>Medical debt</b>				<b>1,092.00</b>
ACCOUNT NO. <b>84CV</b> <b>Michael D. Walsh, Attorney At Law C/O Jeremy Dekar 21790 Willamette Dr., PO BOX 648 West Linn, OR 97068</b>		<b>Judgment Awarded Precautionary (claim amount \$0.00)</b>				<b>0.00</b>
ACCOUNT NO. <b>Washington County Circuit Court 150 N 1st Avenue Hillsboro, OR 97124</b>		<b>Assignee or other notification for: Michael D. Walsh, Attorney At Law</b>				
ACCOUNT NO. <b>2349</b> <b>NCO Financial PO Box 15740 Wilmington, DE 19850</b>		<b>Unpaid services</b>				<b>3,035.00</b>

Sheet no. 9 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **6,741.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8549</b> <b>NSA</b> <b>4000 East Fifth</b> <b>Columbus, OH 43219</b>		<b>Unpaid services</b>				<b>30.00</b>
ACCOUNT NO. <b>unknown</b> <b>Oregon Heating &amp; Air</b> <b>19300 SW 118th Ave</b> <b>Tualatin, OR 97062</b>		<b>Unpaid services</b>				<b>unknown</b>
ACCOUNT NO. <b>1596</b> <b>Pacific Coast Credit</b> <b>1730 Willow Creek Circ, Ste 200</b> <b>PO Box 40580</b> <b>Eugene, OR 97402-9152</b>		<b>Unpaid services</b>				<b>397.00</b>
ACCOUNT NO. <b>0032</b> <b>Pacific Family Dental</b> <b>17680 SW Handley St., Ste 101</b> <b>Sherwood, OR 97140</b>	<b>X</b>	<b>Dental debt</b>				<b>2,854.49</b>
ACCOUNT NO. <b>American Northwest Recovery Solutions,</b> <b>Inc.</b> <b>PO 9235</b> <b>Nampa, ID 83652</b>		<b>Assignee or other notification for:</b> <b>Pacific Family Dental</b>				
ACCOUNT NO. <b>unknown</b> <b>Pacific Family Dental</b> <b>17680 SW Handley St., Ste 101</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>2,994.00</b>
ACCOUNT NO. <b>unknown</b> <b>PGE</b> <b>POB 4438</b> <b>Portland, OR 97208-4438</b>	<b>X</b>	<b>Business debt</b>				<b>1,252.00</b>

Sheet no. 10 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **7,527.49**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Bonneville Collections Bankruptcy Department PO Box 150621 Ogden, UT 84415-0621</b>		<b>Assignee or other notification for: PGE</b>				
ACCOUNT NO. <b>unknown</b> <b>Portland Fixture, LP C/O Mercury Development 16390 SW Langer Dr. Sherwood, OR 97140</b>	<b>X</b>	<b>Guarantor on business lease</b>				<b>unknown</b>
ACCOUNT NO. <b>4478</b> <b>Preferred Credit POB 1679 Saint Cloud, MN 56302</b>		<b>Unpaid services</b>				<b>2,283.00</b>
ACCOUNT NO. <b>7572</b> <b>Professional Credit Service C/O Joseph R. Hawes, RA PO Box 7548 Springfield, OR 97475</b>		<b>Unpaid services</b>				<b>164.00</b>
ACCOUNT NO. <b>unknown</b> <b>Professional Credit Services 400 International Way Ste 100 Springfield, OR 97477</b>		<b>Unpaid services</b>				<b>285.00</b>
ACCOUNT NO. <b>unknown</b> <b>Providence Business Office 1235 NE 47th Ave. #129 Portland, OR 97213</b>		<b>Medical debt</b>				<b>6,965.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc. POB 22709 Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Business Office</b>				

Sheet no. 11 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **9,697.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Providence Business Office</b> <b>1235 NE 47th Ave. #129</b> <b>Portland, OR 97213</b>		<b>Medical debt</b>				<b>140.00</b>
ACCOUNT NO. <b>1232</b> <b>Providence Health &amp; Services</b> <b>PO Box 13993</b> <b>Portland, OR 97213</b>		<b>Medical debt</b>				<b>1,649.57</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for: Providence Health &amp; Services</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>258.00</b>
ACCOUNT NO. <b>Professional Credit SE</b> <b>POB 87940</b> <b>Vancouver, WA 98687</b>		<b>Assignee or other notification for: Providence Medical Group - Sherwood</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>174.00</b>
ACCOUNT NO. <b>Professional Credit SE</b> <b>POB 87940</b> <b>Vancouver, WA 98687</b>		<b>Assignee or other notification for: Providence Medical Group - Sherwood</b>				

Sheet no. 12 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,221.57**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>84.00</b>
ACCOUNT NO. <b>Professional Credit SE</b> <b>POB 87940</b> <b>Vancouver, WA 98687</b>		<b>Assignee or other notification for:</b> <b>Providence Medical Group - Sherwood</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>659.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Medical Group - Sherwood</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Medical Group - Sherwood</b> <b>16770 SW Edy Rd</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>395.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Medical Group - Sherwood</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>121.00</b>

Sheet no. 13 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,259.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Assignee or other notification for:				
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b>		Medical debt				
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>						<b>93.00</b>
ACCOUNT NO.		Assignee or other notification for:				
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b>		Medical debt				
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>						<b>161.00</b>
ACCOUNT NO.		Assignee or other notification for:				
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b>		Medical debt				
<b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>						<b>910.00</b>
ACCOUNT NO.		Assignee or other notification for:				
<b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Providence Newberg</b>				

Sheet no. 14 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,164.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>472.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>569.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>485.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>4,578.00</b>

Sheet no. 15 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **6,104.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>458.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>526.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>221.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				

Sheet no. 16 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,205.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>277.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>1,650.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>65.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>108.00</b>

Sheet no. 17 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,100.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>5,897.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>286.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>253.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				

Sheet no. 18 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **6,436.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>848.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>113.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>112.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg</b> <b>1001 Providence Drive</b> <b>Newberg, OR 97132</b>		<b>Medical debt</b>				<b>437.00</b>

Sheet no. 19 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,510.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg Medical Center</b> <b>POB 3299</b> <b>Portland, OR 97208</b>		<b>Medical debt</b>				<b>121.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg Medical Center</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Newberg Medical Center</b> <b>POB 3299</b> <b>Portland, OR 97208</b>		<b>Medical debt</b>				<b>3,132.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Newberg Medical Center</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence Physicians Business Offices</b> <b>POB 3158</b> <b>Portland, OR 97208</b>		<b>Medical debt</b>				<b>133.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence Physicians Business Offices</b>				

Sheet no. 20 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,386.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Providence St Vincent Medical Center</b> <b>9205 SW Barnes Rd.</b> <b>Portland, OR 97225</b>		<b>Medical debt</b>				<b>472.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence St Vincent Medical Center</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence St Vincent Medical Center</b> <b>9205 SW Barnes Rd.</b> <b>Portland, OR 97225</b>		<b>Medical debt</b>				<b>2,159.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence St Vincent Medical Center</b>				
ACCOUNT NO. <b>unknown</b> <b>Providence St Vincent Medical Center</b> <b>9205 SW Barnes Rd.</b> <b>Portland, OR 97225</b>		<b>Medical debt</b>				<b>87.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Providence St Vincent Medical Center</b>				
ACCOUNT NO. <b>1993</b> <b>Radiance Capital, LLC</b> <b>C/O Ms. Meryl Newman, CEO</b> <b>820 A. Street, Ste 560</b> <b>Tacoma, WA 98402</b>	<b>X</b>	<b>Precautionary</b>				<b>0.00</b>

Sheet no. 21 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,718.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1392</b> <b>Regency Realty Group, Inc.</b> <b>C/O Corporation Service Company, RA</b> <b>285 Liberty St NE</b> <b>Salem, OR 97301</b>	<b>X</b>	<b>Business lease debt</b>				<b>6,817.51</b>
ACCOUNT NO. <b>Williams Babbit &amp; Weisman, Inc.</b> <b>5255 North Federal Hwy, 3rd Floor</b> <b>Boca Raton, FL 33487</b>		<b>Assignee or other notification for:</b> <b>Regency Realty Group, Inc.</b>				
ACCOUNT NO. <b>unknown</b> <b>Rose, Senders &amp; Bovarnick, LLC</b> <b>1205 NW 25th Ave</b> <b>Portland, OR 97210</b>		<b>Attorney's fees</b>				<b>1,316.00</b>
ACCOUNT NO. <b>0642</b> <b>Schwindt Richardson, LLC</b> <b>621 SW Morrison St., Ste 700</b> <b>Portland, OR 97205</b>		<b>Unpaid services</b>				<b>995.00</b>
ACCOUNT NO. <b>unknown</b> <b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>76.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>				
ACCOUNT NO. <b>Professional Credit SE</b> <b>POB 87940</b> <b>Vancouver, WA 98687</b>		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>				

Sheet no. 22 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **9,204.51**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>183.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>				
ACCOUNT NO. <b>unknown</b> <b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>170.00</b>
ACCOUNT NO. <b>unknown</b> <b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>218.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>				
ACCOUNT NO. <b>unknown</b> <b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>1,369.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>				

Sheet no. 23 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,940.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>252.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>				
ACCOUNT NO. <b>unknown</b> <b>Sherwood Family Medicine</b> <b>20015 Southwest Pacific Hwy, #300</b> <b>Sherwood, OR 97140</b>		<b>Medical debt</b>				<b>174.00</b>
ACCOUNT NO. <b>Columbia Collection Service, Inc.</b> <b>POB 22709</b> <b>Milwaukie, OR 97269</b>		<b>Assignee or other notification for:</b> <b>Sherwood Family Medicine</b>				
ACCOUNT NO. <b>91CV</b> <b>Stefanie Jacquemin</b> <b>12873 SW Morningstar Dr.</b> <b>Tigard, OR 97223</b>	<b>X</b>	<b>Civil Negligence Lawsuit</b> <b>Washington County Circuit Court Case No.</b> <b>C135291CV</b>		<b>X</b>	<b>X</b>	<b>unknown</b>
ACCOUNT NO. <b>The Steele Law Firm</b> <b>1051 NW Bond ST., Ste 320</b> <b>Bend, OR 97701</b>		<b>Assignee or other notification for:</b> <b>Stefanie Jacquemin</b>				
ACCOUNT NO. <b>Washington County Circuit Court</b> <b>150 N 1st Avenue</b> <b>Hillsboro, OR 97124</b>		<b>Assignee or other notification for:</b> <b>Stefanie Jacquemin</b>				

Sheet no. 24 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **426.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7050</b> <b>The Radiology Group</b> <b>PO Box 215184</b> <b>Portland, OR 97298</b>		<b>Medical debt</b>				<b>260.00</b>
ACCOUNT NO. <b>2008</b> <b>Timepayment Corporation</b> <b>C/O Corporation Service Company, RA</b> <b>285 Liberty St. NE</b> <b>Salem, OR 97301</b>	<b>X</b>	<b>Precautionary</b>				<b>unknown</b>
ACCOUNT NO. <b>Timepayment Corporation</b> <b>16 NE Executive Park, Ste 200</b> <b>Burlington, MA 01803</b>		<b>Assignee or other notification for:</b> <b>Timepayment Corporation</b>				
ACCOUNT NO. <b>1218</b> <b>TRG, LLC</b> <b>Fka The Radiology Group</b> <b>POB 25180</b> <b>Portland, OR 97298</b>		<b>Unpaid services</b>				<b>527.00</b>
ACCOUNT NO. <b>5411</b> <b>US Bank</b> <b>205 W. 4th St.</b> <b>Cincinnati, OH 45202</b>		<b>Credit card</b>				<b>1,751.00</b>
ACCOUNT NO. <b>Integrity Solution Services</b> <b>4370 W. 109th Street, Suite 100</b> <b>Overland Park, KS 66211</b>		<b>Assignee or other notification for:</b> <b>US Bank</b>				
ACCOUNT NO. <b>unknown</b> <b>Vintage Place At McMinneville</b> <b>911 NE Hwy 99W</b> <b>McMinneville, OR 97128</b>	<b>X</b>	<b>Guarantor on business lease</b>				<b>0.00</b>

Sheet no. 25 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,538.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		<b>Credit card</b>				
<b>Wells Fargo</b> <b>POB 348750</b> <b>Sacramento, CA 95834</b>						<b>1,510.00</b>
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Wells Fargo</b>				
<b>Cach, LLC</b> <b>4340 S. Monaco St. #2</b> <b>Denver, CO 80237</b>						
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Wells Fargo</b>				
<b>Financial Recovery Services Inc</b> <b>POB 385908</b> <b>Minneapolis, MN 55438-5908</b>						
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Wells Fargo</b>				
<b>Law Office Of Larry Roach</b> <b>155 Montrose West Ave., #200</b> <b>Akron, OH 44321</b>						
ACCOUNT NO. <b>8014</b>		<b>Credit card</b>				
<b>Wells Fargo</b> <b>POB 25341</b> <b>Santa Ana, CA 92799</b>						<b>1,995.00</b>
ACCOUNT NO. <b>3416</b>	<b>X</b>	<b>Precautionary</b>				
<b>Wells Fargo Capital Finance, LLC</b> <b>C/O Henry K. Jordan, CEO</b> <b>2450 Colorado Avenue, 3rd Floor</b> <b>Santa Monica, CA 90404</b>						<b>0.00</b>
ACCOUNT NO.		<b>Assignee or other notification for:</b> <b>Wells Fargo Capital Finance, LLC</b>				
<b>Wells Fargo Capital Finance, LLC</b> <b>PO Box 4568</b> <b>Federal Way, WA 98001</b>						

Sheet no. 26 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,505.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Crawford, Debra A.Case No. 14-32580-tmb13

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>unknown</b> <b>Williams Babbit &amp; Weisman, Inc.</b> <b>5255 North Federal Hwy, 3rd Floor</b> <b>Boca Raton, FL 33487</b>	<b>X</b>	<b>Business debt</b>				<b>6,818.00</b>
ACCOUNT NO. <b>unknown</b> <b>Wilsonville Town Center</b> <b>C/O Norris &amp; Steven's</b> <b>621 SW Morrison, Ste 800</b> <b>Portland, OR 97205</b>	<b>X</b>	<b>Precautionary</b>				<b>unknown</b>
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 27 of 27 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **6,818.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **98,841.48**

IN RE Crawford, Debra A.

Debtor(s)

Case No. 14-32580-tmb13

(If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>Timepayment Corporation</b> <b>C/O Corporation Service Company, RA</b> <b>285 Liberty St. NE</b> <b>Salem, OR 97301</b>  <b>Hillsboro Partners, LLC</b> <b>C/O Mark Handris</b> <b>1980 Willamette Falls Drive, Ste 200</b> <b>West Linn, OR 97068</b>  <b>The Vintage Place, LLC</b> <b>C/O Megan Floretta, RA</b> <b>837 Lincoln St</b> <b>Eugene, OR 97401</b>  <b>Crossroads Plaza, LLC</b> <b>C/O Janet McCaslin, RA</b> <b>9775 SW Commerce Circle, C3</b> <b>Wilsonville, OR 97070</b>  <b>Portland Fixture, LP</b> <b>C/O PFMGP, Inc., RA</b> <b>16390 SW Langer Drive</b> <b>Sherwood, OR 97140</b>  <b>Aluli Real Estate Holdings, LLC</b> <b>C/O CT Corporation System, RA</b> <b>388 State St., Ste 420</b> <b>Salem, OR 97301</b>  <b>SPM Wilsonville, LLC</b> <b>C/O Kenneth Antell, RA</b> <b>851 SW Sixth Ave., Ste 1500</b> <b>Portland, OR 97204</b>	<b>Business equipment lease</b> <b>(2) Alma Laser Refurbished Sopranos</b> <b>(10 months remaining)</b>  <b>Hillsboro location space lease</b> <b>(46 months remaining)</b>  <b>McMinnville location space lease</b> <b>(35 months remaining)</b>  <b>Newberg location space lease</b> <b>(35 months remaining)</b>  <b>Sherwood location space lease</b> <b>(44 months remaining)</b>  <b>Tigard location space lease</b> <b>(36 months remaining)</b>  <b>Wilsonville location space lease</b> <b>(44 months remaining)</b> <b>(\$5,651.11 delinquency balance owed)</b>

IN RE **Crawford, Debra A.**

Debtor(s)

Case No. **14-32580-tmb13**

(If known)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Jason Crawford</b> <b>15901 SW Oriole Ct.</b> <b>Sherwood, OR 97140</b>	<b>Pacific Family Dental</b> <b>17680 SW Handley St., Ste 101</b> <b>Sherwood, OR 97140</b>
<b>Kert Nass</b> <b>14070 SW Odino Ct.</b> <b>Tigard, OR 97224</b>	<b>Portland Fixture, LP</b> <b>C/O Mercury Development</b> <b>16390 SW Langer Dr.</b> <b>Sherwood, OR 97140</b>
<b>Ronnie Swyers</b> <b>20418 SE Hwy 212</b> <b>Clackamas, OR 97015</b>	<b>Quick Collect Inc.</b> <b>C/O Ronald D. Thompson, RA</b> <b>POB 55457</b> <b>Portland, OR 97238</b>
<b>The Newberg Ultimate Tan &amp; Med Spa</b> <b>15690 NE Oregon Street</b> <b>Sherwood, OR 97140</b>	<b>Promenade Nevada, LLC</b> <b>C/O Anthony J. Motschenbacher, RA</b> <b>Motschenbacher Blattner LLP, 117 SW</b> <b>Taylor St.# 200 Portland, OR 97204</b>
	<b>Aluli Real Estate Holdings, Llc</b> <b>C/O Commercial Realty Advisors Nw, Llc</b> <b>733 SW 2nd Ave, Ste 200</b> <b>Portland, OR 97204</b>
	<b>Cornelius Retail Center, LLC</b> <b>PO Box 906</b> <b>Beaverton, OR 97075-0906</b>
	<b>Metropolitan Agencies, Inc.</b> <b>C/O Kaye Fulmer, RA</b> <b>316 N. Johnson</b> <b>McMinnville, OR 97128</b>
	<b>Crossroads Plaza Of Oregon, LLC</b> <b>PO Box 626</b> <b>Wilsonville, OR 97070</b>
	<b>Bonstan Construction Company</b> <b>PO Box 32</b> <b>Clackamas, OR 97015</b>
	<b>Washington County Tax &amp; Assessment</b> <b>C/O Richard Hobernicht, Director</b> <b>155 N 1st Ave Rm 130</b> <b>Hillsboro, OR 97124</b>
	<b>Washington County Tax &amp; Assessment</b> <b>C/O Richard Hobernicht, Director</b> <b>155 N 1st Ave Rm 130</b> <b>Hillsboro, OR 97124</b>
<b>The Ultimate Tan &amp; Med Spa, LLC</b> <b>15690 SW Oregon St.</b>	<b>Metropolitan Agencies, Inc.</b> <b>C/O Kaye Fulmer, RA</b>

IN RE Crawford, Debra A.

Debtor(s)

Case No. 14-32580-tmb13

(If known)

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Sherwood, OR 97140	316 N. Johnson McMinnville, OR 97128
	Promenade Nevada, LLC C/O Anthony J. Motschenbacher, RA Motschenbacher Blattner LLP, 117 SW Taylor St.# 200 Portland, OR 97204
	Bullard Law Attorneys At Law 1000 SW Broadway St, #1900 Portland, OR 97205
	GE Capital POB 103104 Roswell, GA 30076
	Coastal Signs PO Box 1243 Willamina, OR 97396
	Folawn Alterman & Richardson, LLP C/O Karen Nashiwa 805 SW Broadway, Ste 2750 Portland, OR 97205
	Cornelius Retail Center, LLC PO Box 906 Beaverton, OR 97075-0906
	Department Of Human Services 800 NE Oregon Street, Ste 640 Portland, OR 97232
	Dr. HVAC 1788 NE 18th St. McMinnville, OR 97128
	Frontier Communications POB 20550 Rochester, NY 14602
	International Emiarmenta Management 24516 Network Place Chicago, IL 60673
	Mary Yeaza / Bahovia Mama Tanning PO Box 1315 Merlin, OR 97532
	PGE POB 4438 Portland, OR 97208-4438
	Portland Fixture, LP C/O Mercury Development 16390 SW Langer Dr. Sherwood, OR 97140

IN RE Crawford, Debra A.

Debtor(s)

Case No. 14-32580-tmb13

(If known)

**SCHEDULE H - CODEBTORS**  
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<p>The Ultimate Tan &amp; Spa, LLC 15901 SW Oriole Ct. Sherwood, OR 97140</p>	<p>Stefanie Jacquemin 12873 SW Morningstar Dr. Tigard, OR 97223</p> <p>Vintage Place At McMinneville 911 NE Hwy 99W McMinneville, OR 97128</p> <p>Williams Babbit &amp; Weisman, Inc. 5255 North Federal Hwy, 3rd Floor Boca Raton, FL 33487</p> <p>Wilsonville Town Center C/O Norris &amp; Steven's 621 SW Morrison, Ste 800 Portland, OR 97205</p> <p>Washington County Tax &amp; Assessment C/O Richard Hobernicht, Director 155 N 1st Ave Rm 130 Hillsboro, OR 97124</p> <p>Century Link PO Box 4300 Carol Stream, IL 60197-4300</p> <p>Bonstan Construction Company PO Box 32 Clackamas, OR 97015</p> <p>Attorney General of the United States C/O Eric Holder, Dept. Of Justice 10th &amp; Constitution NW Washington, DC 20530</p> <p>The Tanning Bed Company C/O Pamela E. Yee, RA 18525 SW Vincent Aloha, OR 97007</p> <p>Continental Bank C/O Michael Fosmark, President 15 West South Temple, Ste 420 Salt Lake City, UT 84101</p> <p>Washington County Tax &amp; Assessment C/O Richard Hobernicht, Director 155 N 1st Ave Rm 130 Hillsboro, OR 97124</p> <p>Kroll Johnson Attorneys At Law C/O Mindy Cardinal 6125 NE Cornell Rd., Ste 360 Hillsboro, OR 97124</p> <p>Global Electric, Inc. C/O Justin Spiering, RA 15354 NW Mead LN</p>



IN RE Crawford, Debra A.

Debtor(s)

Case No. 14-32580-tmb13

(If known)

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<p>Ultimate Tan, LLC  2935 SE 73rd Ave  Hillsboro, OR 97123</p>	<p>North Plains, OR 97133</p> <p>Radiance Capital, LLC  C/O Ms. Meryl Newman, CEO  820 A. Street, Ste 560  Tacoma, WA 98402</p> <p>JK Capital, Inc.  C/O Donald Feltam, President  1 Walter Kratz Drive  Jonesboro, AR 72401</p> <p>Wells Fargo Capital Finance, LLC  C/O Henry K. Jordan, CEO  2450 Colorado Avenue, 3rd Floor  Santa Monica, CA 90404</p> <p>Timepayment Corporation  C/O Corporation Service Company, RA  285 Liberty St. NE  Salem, OR 97301</p> <p>Regency Realty Group, Inc.  C/O Corporation Service Company, RA  285 Liberty St NE  Salem, OR 97301</p>

# Fill in this information to identify your case:

Debtor 1 **Debra A. Crawford**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Oregon

Case number **14-32580-tmb13**  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 6I

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

#### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

☒ Employed  
☐ Not employed

☒ Employed  
☐ Not employed

#### Occupation

**Owner**

**Maintenance**

#### Employer's name

**Self Employed**

**Self Employed**

#### Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there? **18 years**

**5 years**

### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

\$ **0.00**

\$ **0.00**

3. **Estimate and list monthly overtime pay.**

3.

+\$ **0.00**

+\$ **0.00**

4. **Calculate gross income.** Add line 2 + line 3.

4.

\$ **0.00**

\$ **0.00**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 0.00	\$ 0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 8,750.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 600.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 9,350.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 9,350.00 +	\$ 0.00 = \$ 9,350.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 9,350.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: None		

**Fill in this information to identify your case:**

Debtor 1	<b>Debra A. Crawford</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Oregon			
Case number	<b>14-32580-tmb13</b>		
(If known)			

☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## 12/13

## Part 1: Describe Your Household

## Part 2: Estimate Your Ongoing Monthly Expenses

4d. \$ 0.00

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>102.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>200.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>925.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>600.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>250.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>150.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>75.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>200.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>600.00</u>
15c. Vehicle insurance	15c. \$ <u>165.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

21. **Other.** Specify: \_\_\_\_\_21. **+\$ 0.00** \_\_\_\_\_22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 5,300.43**23. **Calculate your monthly net income.**23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.23a. **\$ 9,350.00** \_\_\_\_\_

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 5,300.43** \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. **\$ 4,049.57**24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.**None**

IN RE Crawford, Debra A.

Debtor(s)

Case No. 14-32580-tmb13

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 54 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: May 15, 2014 Signature: /s/ Debra A. Crawford  
**Debra A. Crawford**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (Joint Debtor, if any)  
 [If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Oregon**

**IN RE:**Case No. **14-32580-tmb13****Crawford, Debra A.**Chapter **13**

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

**1. Income from employment or operation of business**

☐ None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
14,292.43	2014 YTD Owner Company Draws
323,939.39	2014 YTD Gross Business Income (The Ultimate Tan & Med Spa, LLC)
68,921.76	2013 Owner Company Draws
1,247,104.63	2013 Gross Business Income (The Ultimate Tan & Med Spa, LLC)
34,736.00	2012 Gross Income from Employment
1,401,522.00	2012 Gross Business Income (The Ultimate Tan & Med Spa, LLC)
419,884.00	2012 Gross Business Income (Tanning Salon)
	Schedule C on 2012 Taxes

**2. Income other than from employment or operation of business**

☐ None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
16,800.00	2013 Personal Injury Proceeds
8,000.00	2013 Proceeds from sale of Vehicle



### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
<b>Tammy Alshaed</b>	<b>04/18/13</b>	<b>7,000.00</b>	<b>0.00</b>
<b>16604 23rd St. SE</b>	<b>05/21/13</b>		
<b>Monroe, WA 98272-0000</b>	<b>08/01/13</b>		
<b>Sister</b>			
<b>Mike Crawford</b>	<b>05/21/13</b>	<b>3,000.00</b>	<b>0.00</b>
<b>PO Box 425</b>	<b>08/01/13</b>		
<b>Yamhill, OR 97148-0000</b>			
<b>Father-In-Law</b>			

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Global Electric, Inc. vs. The Ultimate Tan and Spa, LLC Case No. C13-4252CV</b>	<b>Breach of Contract</b>	<b>Washington County Circuit Court</b>	<b>Judgment Awarded</b>
<b>Karen Nashiwa vs. The Ultimate Tan &amp; Med Spa, LLC Case No. C13563CV</b>	<b>Civil Negligence</b>	<b>Washington County Circuit Court</b>	<b>Pending</b>
<b>Jacquemin Stefanie vs. The Ultimate Tan and Med Spa, LLC Case No. C135291CV</b>	<b>Civil Negligence</b>	<b>Washington County Circuit Court</b>	<b>Pending</b>
<b>Quick Collect, Inc. vs Debra Crawford Case No. SC134433</b>	<b>Small Claims</b>	<b>Clackamas County Circuit Court</b>	<b>Awarded</b>
<b>Mindy Cardinal vs. The Ultimate Tan &amp; Med Spa, LLC Case No. C140938CV</b>	<b>Breach of Contract</b>	<b>Washington County Circuit Court</b>	<b>Pending</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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**5. Repossessions, foreclosures and returns**

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
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**6. Assignments and receiverships**

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)
- 
- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.
- 

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Muir & Troutman 16100 NW Cornell Road Ste 200 Beaverton, OR 97006	04/30/14	1,219.00
001Debtorcc, Inc.	04/29/14	9.95
Todd Trierwiler & Associates 4721 NE 102nd Ave Portland, OR 97220-0000	2013 - 2014	1,750.00

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**10. Other transfers**

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- 

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Ronnie Swyers 20418 SE Hwy 212 Clackamas, OR 97015-0000 N/A	04/2012 - 02/2013	Property Transferred: 2006 Chevy Suburban Value Received: \$8,000

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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

### 11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>US Bank Portland, OR 00000-0000</b>	<b>Checking Account (4117)</b>	<b>2013</b>

### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
<b>Jason Crawford 15901 SW Oriole Ct. Sherwood, OR 97140-0000</b>	<b>Property: 2006 Mercedes- Benz CLS Class Value: \$17,649.00</b>	<b>Personal Residence</b>

### 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

## 18. Nature, location and name of business

None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL- SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/COMPLETE EIN SSN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
The Ultimate Tan & Med Spa		15690 SW Oregon St. Sherwood, OR 97140-0000	Tanning & Spa Services	04/2014 - present
The Ultimate Tan & Med Spa, LLC	93-1249197	15690 SW Oregon St. Sherwood, OR 97140-0000	Tanning / Spa Services	01/2010 - 04/2014
The Ultimate Tan & Spa, LLC	unknown	15901 SW Oriole Ct. Sherwood, OR 97140-0000	Tanning salon	08/2009 - 10/2011
The Ultimate Tan & Spa, LLC	unknown	15901 SW Oriole Ct. Sherwood, OR 97140-0000	Tanning Salon	04/2006 - 06/2009

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

## 19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Norma Barber Accounting And Tax, LLC 11970 SW Lincoln Ave Portland, OR 97223-0000	2011 - Present

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the **two years** immediately preceding the commencement of this case.

## 20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.
- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

## 21. Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.
- None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

## 22. Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.
- None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

## 23. Withdrawals from a partnership or distributions by a corporation

- None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

## 24. Tax Consolidation Group

- None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

## 25. Pension Funds.

- None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **May 15, 2014** Signature /s/ Debra A. Crawford  
of Debtor **Debra A. Crawford**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$46 administrative fee: Total fee \$1213)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**United States Bankruptcy Court  
District of Oregon**

**IN RE:**Case No. 14-32580-tmb13Crawford, Debra A.Chapter 13

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Crawford, Debra A.

Printed Name(s) of Debtor(s)

**X** /s/ Debra A. Crawford

Signature of Debtor

5/15/2014

Date

Case No. (if known) 14-32580-tmb13**X**

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.